

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF KENTUCKY**

**Case Management/Electronic Case Files  
Filer Registration Form**

This form shall be used to register for an account on the Court's Case Management/Electronic Case Files (CM/ECF) system. Registered attorneys and other participants will have privileges both to electronically submit documents, and to view and retrieve electronic docket sheets and documents as available for cases assigned to the CM/ECF system. The following information is required for registration:

First/Middle/Last Name:

Attorney Bar #: State:

Firm Name:

Firm Address:

Voice Phone Number:

FAX Phone Number:

Internet E-Mail Address:

By submitting this registration form, the undersigned agrees to abide by the following rules:

1. This system is for use only in cases permitted by the U.S. Bankruptcy Court for the Western District of Kentucky. It may be used to file and view electronic documents, docket sheets, and notices.
2. Filers will need a modern personal computer, Internet access, an Internet browser and software to convert documents from a word processor format to a portable document format (PDF). More specific requirements can be found at the Court's website at [www.kywb.uscourts.gov](http://www.kywb.uscourts.gov).
3. Pursuant to Federal Bankruptcy Rule 9011, every pleading, motion, and other paper (except list, schedules, statement or amendments thereto) shall be signed by at least one attorney of record or, if the party is not represented by an attorney, all papers shall be signed by the party. An attorney's/participant's password issued by the court combined with the user's identification, serves as and constitutes the attorney/participant's signature. Therefore, an attorney/participant must protect and secure the password issued by the court. If there is any reason to suspect the password has been compromised in any way, it is the duty and responsibility of the attorney/participant to immediately notify the court. This should include the resignation or reassignment of the person with authority to use the password. The attorney/participant should change the password immediately.

4. I hereby authorize the Court to make charge upon the credit card I have provided for any applicable fees required in conjunction with filings I make. I understand that it is my responsibility to provide the court with any changes to my credit card information and failure to do so may result in temporary loss of my login to the System.
5. An attorney's/participant's registration will constitute a waiver in law of conventional service of documents, the attorney/participant agrees to accept service of notice on behalf of the client of the electronic filing by hand, facsimile or authorized e-mail.
6. The undersigned attorney agrees to abide by the most recent Local Rules, General Orders, and all technical and procedural requirements set forth therein.

I prefer training at the following time:

- ☐ morning
- ☐ afternoon
- ☐ late afternoon

I file documents for the following parties:

- ☐ trustee
- ☐ debtor
- ☐ creditor

☐ I have attended training and/or have been certified to file electronically in another district (district name: \_\_\_\_\_). Note: Being trained by another district does not preclude training in this district.

Please return to: U.S. Bankruptcy Court  
Western District of Kentucky  
CM/ECF Registration  
601 W. Broadway, Suite 450  
Louisville, KY 40202

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Initials/State Bar ID #

\_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary

My Commission expires \_\_\_\_\_

LBR 16.19 (8-02)